

PETERS, VERNY, JONES & BIKŠA, LLP

Attorney's Docket No. 3521.162 (ALJ)

COMBINED DECLARATION AND POWER OF ATTORNEY

***UTILITY, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION OR CIP APPLICATION)***

As a below named inventor, I hereby declare that:

TYPE OF DECLARATION

This declaration is of the following type:

utility.
 design.
 supplemental.

national stage of PCT.

divisional.
 continuation.
 continuation-in-part (CIP).

INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

TITLE OF INVENTION

**SYSTEM AND METHOD FOR REDUCING COLINEARITY EFFECTS IN
MANUFACTURING MICRODEVICES**

SPECIFICATION IDENTIFICATION

the specification of which:

(complete (a),(b) or (c))

(a) Is attached hereto.

NOTICE OF JULY 13, 1995 (1177 O.G. 60).

(b) was filed on _____, as Serial No. _____ or _____ and was amended on _____ (if applicable).

(c) was described and claimed in PCT International Application No. _____, filed on _____ and as amended under PCT Article 19 on _____ (if any).

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, §1.56,

(also check the following items, if desired)

[] and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent, and

[] in compliance with this duty, there is attached an information disclosure statement, in accordance with 37 CFR 1.98.

PRIORITY CLAIM (35 U.S.C. § 119(a)-(d))

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

(complete (d) or (e))

(d) [X] no such applications have been filed.
(e) [] such applications have been filed as follows

PRIOR FOREIGN/PCT APPLICATION(S), FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS APPLICATION AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. § 119(a)-(d)

Country (or indicate if PCT)	Application Number	Date of Filing (day, month, year)	Priority Claimed Under 37 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S) (34 U.S.C. § 119(e))

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below:

PROVISIONAL APPLICATION NUMBER

FILING DATE

**CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)
UNDER 35 U.S.C. 120**

The claim for the benefit of any such applications are set forth in the attached ADDED PAGES TO COMBINED DECLARATION AND POWER OF ATTORNEY FOR DIVISIONAL, CONTINUATION OR CONTINUATION-IN-PART (CIP) APPLICATION.

**ALL FOREIGN APPLICATION(S), IF ANY, FILED MORE THAN 12 MONTHS
(6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION**

Attached, as part of this declaration and power of attorney, is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

CONTINUATION-IN-PART

(complete this part only if this is a continuation-in-part application)

I hereby claim the benefit under Title 35, United States Code, § 120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, § 1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

09/854,226
(Application Serial No.)

May 10, 2001
(Filing Date) pending
(Status) (patented, pending, abandoned)

POWER OF ATTORNEY

As a named inventor, I hereby appoint ALLSTON L. JONES, Reg. No. 27,906, HOWARD M. PETERS, Reg. No. 29,202, HANA VERNY, Reg. No. 30,518, and SUSAN SCHMITT, Reg. No. 34,427, all of the address listed below, my principal attorney and agents, with full power of substitution and revocation, to appoint other principal and associate attorneys, to prosecute this application, and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO:

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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of first or sole inventor DAVID A. MARKLE

Inventor's signature _____

Date _____

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Post Office Address Same as above

Full Name of second joint inventor _____

Inventor's signature _____

Date _____

Country of Citizenship _____

Residence _____

Post Office Address _____

Full Name of third joint inventor _____

Inventor's signature _____

Date _____

Country of Citizenship _____

Residence _____

Post Office Address _____

CHECK PROPER BOX(ES) FOR ANY ADDED PAGE(S) FORMING A PART OF THIS DECLARATION

() Signature for fourth and subsequent joint inventors. Number of pages added _____.

() Signature by administrator(trix), executor(trix) or legal representative for deceased or incapacitated inventor. Number of pages added _____.

() Signature for inventor who refuses to sign or cannot be reached by person authorized under 37 C.F.R. 1.47. Number of pages added _____.